Talking Points for Interested Applicants' Call for
National Dissemination and Support for Community Transformation Grants (CTG)
Funding Opportunity Announcement (FOA)

Agenda in brief:

1. Welcome and Overview of CTG and National Network(s) of Community-Based Organizations
    a. (Dr. Bauer—5 minutes)

2. Eligibility Criteria and Funding Levels
    a. (Vivian Walker—5 minutes)

3. Overview of CTG and National Network(s) of Community-Based Organizations and
   Strategic Directions
    a. (Dr. Bunnell—10 minutes)

4. Activity Area Funding

    a. Part A: Using National Networks to Disseminate the CTG Strategies and Leveraging Existing Resources funding (Amy Holmes-Chavez - 10 min)

    b. Part B: Accelerate the Spread and Reach of CTG Strategies in Communities Nationwide (Dr. Pattie Tucker - 10 minutes)

5. Letter of Intent (LOI) and Application Requirements and Submission
    a. (Vivian Walker—5 minutes)

6. Question and Answer (Dr. Ursula Bauer and Amy Holmes-Chavez—20 minutes)

7. Closing and Resources
    a. (Dr. Bauer - 5 minutes)

Talking Points:

1) Welcome and Overview of CTG and National Networks of Community-Based Organizations
(Dr. Bauer - 5 minutes)

Welcome to the call for interested applicants for the Community Transformation Grants National Dissemination and Support Funding Opportunity Announcement also referred to as the National Network of Community-Based Organizations. This is the first/second/third) of three calls we are hosting today for interested applicants. I am Dr. Ursula Bauer, director of the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention.

We want to thank you for taking the time to be on this call today.

I would like to start the call today by briefly outlining three major outstanding investments in the health of the Nation and specifically the prevention of chronic diseases and the promotion of healthy living.

In 2010, the Patient Protection and Affordable Care Act authorized Community Transformation Grants to support evidence- and practice-based community and clinical prevention and wellness strategies that will lead to specific, measurable health outcomes to reduce chronic disease rates. The Prevention and Public Health Fund provides funding to states, counties, territories, and tribes to advance public health across the lifespan and reduce health disparities. The Community Transformation Grants Funding Opportunity Announcement, which was released on May 13, and will be closing on July 15, will support intensive community approaches to reduce risk factors responsible for the leading causes of death and disability and to prevent and control chronic diseases in the nation. This particular initiative for states, counties, territories,

and tribes is not the topic of the call today. Calls for this funding opportunity announcement have been held over the last several weeks. For more information on this initiative, please visit www.cdc.gov/communitytransformation.

In addition, CDC has posted another health initiative for the Coordinated Chronic Disease Prevention and Health Promotion Program. Eligibility is limited to current grantees under DP09-901 or 902. The Coordinated Chronic Disease Prevention and Health Promotion Program will support development or enhancement of State Health Department leadership, coordination, expertise and direction across targeted disease programs in a state or territory chronic disease portfolio.

Finally, we are here today to talk about an exciting opportunity to broaden the reach of the overall CTG initiative mentioned earlier. No one agency or organization can accomplish this transformation work on its own. Engagement of a wide range of governmental agencies and nongovernmental organizations—both nationally and locally—will be necessary to achieve the goals of this program and transform our communities to support health. To achieve this transformation, the Affordable Care Act called for support for national networks of community-based organizations.

These organizations, with existing networks of local affiliates across the country, are uniquely suited to fulfill the statutory mandate of dissemination as outlined in this Act. The dissemination of the programmatic, policy, environmental, and infrastructure strategies of the Community Transformation Grants Program will initiate community-wide change across the nation through the organizations' local affiliates, as well as through the organizations' national infrastructure and through its partner organizations. The goal of this competitive funding opportunity announcement is to utilize National Networks of Community-Based Organizations to support, disseminate, and amplify the Community Transformation Grant (CTG) Strategic Directions in communities nationwide, including in rural and frontier areas, and in those areas with health disparities. This

Funding Announcement is a crucial component of the broader CTG program effort and is critical to ensuring that the Community Transformation Grants' program has nationwide reach.

This Funding Announcement will specifically aim toward that national reach by funding national organizations with a community-based reach as well as organizations that reach out to disparate populations. The announcement also aims to reach smaller communities with a population of fewer than 500,000. These communities may be defined according to local circumstances and may include towns, cities, regions, and rural or lower-density areas, neighborhoods, cities within counties, or targeted ethnic or other locally defined communities/population sub-groups.

For more information on those organizations eligible to apply, I will turn the call over to Vivian Walker from our Procurement and Grants Office.

2) Eligibility Criteria & Funding Levels
(10 minutes—Vivian Walker)

Thanks, Dr. Bauer. Now I will review the Eligibility and Funding Levels. Eligibility is limited to a national network of community-based organizations that must have a specific charge from its executive board or governing body to operate nationally within the United States and/or its Territories and have local affiliates, offices, or chapters, in a minimum of 85% of states and/or territories, with exception of minority serving organizations. The application requires documentation of the section of the applicant organization's Articles of Incorporation, Bylaws, Board Resolution, or Specific Charge from the Executive Board of the Governing Body.

Minority serving organizations that have local affiliates and chapters in at least four states and have the ability to reach at least 30% of their selected racial and ethnic population are also eligible recipients for this funding. These organizations must demonstrate experience working in the health arena, specifically on issues related to health disparities. The minority serving organization must have language in their mission statement that defines the racial and ethnic minority population that they serve and must submit a copy of their mission statement along with their application.

Please refer to the "Other" subsection of the Eligibility section to see reasons for applicant non-responsiveness including late application, applying for funding levels above ceiling of the award range and certain lobbying activities.

Hopefully, the funding announcement will answer your questions regarding your organization's eligibility; however, CDC understands that complex questions may arise regarding this section. CDC asks that those questions that require more detailed explanation be routed to the "contact us" section of the Network Web site which may be found at

www.cdc.gov/communitytransformation/network/contactus.

Now I will discuss the funding information for this program.

This FOA will fund a total of $4.2 million annually for a project period of 5 years dependent upon future availability of funds.

CDC will fund 1–4 awards for Part A and 1–3 awards for Part B.

For Part A, CDC intends to fund 1–4 entities with an average award of $300,000.

For Part B, CDC intends to fund 1–3 entities with an average award of $1 million. For Part B, 50% of each recipient's award must go to their sub-recipients. CDC anticipates that each sub-recipient will receive an award less than or equal to $50,000.

Up to seven national organizations will receive cooperative agreement funding over a 5-year period depending on availability of funding.

The number and amount of awards will be determined based on scoring and ranking determined by an objective review panel established for each Activity Area. For example, applications for Part A will only compete with applications for Part A. Applications will be funded to ensure the inclusion of a range of policy, environmental, programmatic, and infrastructure strategies from the CTG Strategic Directions. CDC will also strive to avoid duplication of CTG Implementation and Capacity Building awardees, as appropriate. Preference will be given to fund at least one minority serving organization as defined in the Eligibility Section. Applications may be selected to ensure populations and jurisdictions with the highest burden of disease and/or health disparities are reached. Finally, it is the aim of the CTG Program to select applicants with consideration of broad geographic spread of the CTG Program overall and inclusion of underserved and rural and frontier areas, as appropriate. Awards will be announced and funded to begin in September 2011.

I would like to turn the call over to Dr. Rebecca Bunnell, Acting Director of the Proposed Division of Community Health here at CDC.

3) Overview of CTG Strategic Directions
(10 minutes – Dr. Bunnell)

Thank you, Vivian and thank you all for being on the phone.

As you have heard, we expect that through this funding announcement, national networks of community-based organizations will play a crucial role in the national dissemination of the programmatic, policy, environmental, and infrastructure strategies of the Community Transformation Grants' Program. We will be supporting national networks so that they can help to spread community-wide change across the nation through their organizations' local affiliates, as well as through their

organizations' national infrastructure and partner organizations. The goal of this competitive FOA is to utilize National Networks of Community-Based Organizations to support, disseminate, and amplify the Community Transformation Grant (CTG) Strategic Directions in communities nationwide, including in rural and frontier areas, and in those areas with health disparities.

Elimination of health disparities is a central focus of this FOA and the overall CTG initiative. All Americans should have equal opportunities to make healthy choices that allow them to live long, healthy lives, regardless of their income, education, racial or ethnic background, or other factors. Health disparities represent preventable differences in the burden of disease, disability, injury and violence, or in opportunities to achieve optimal health. Recipients will focus on populations that are experiencing health disparities in a variety of settings to make the healthy choice the easy choice. As Vivian Walker has described, this FOA is for both national organizations as well as minority-serving organizations.

This program is focused specifically on policy, environmental, programmatic, and infrastructure based change and does not allow for the provision of direct services.

Specifically, these changes include activities such as—

- Educating the public, policy makers and stakeholders about evidence-and practice-based policy intervention to improve population health and foster healthy behaviors.
- Creating social and physical environments that support healthy living and ensure that healthy choices are the easy choice.
- Increasing access to prevention programs to support healthy choices and contribute to wellness, ensuring integration of their use in a variety of community and clinical settings (e.g., schools, community recreation centers, Federally Qualified Health Centers [FQHCs] and workplaces).

- Establishing systems, procedures, and protocols within communities, institutions, and networks that support healthy behaviors. This includes improving linkages between public health and health care systems.

Overall, these programmatic, policy, environmental, and infrastructure change strategies are grounded in five Strategic Directions. These strategic directions are central to the work of communities at the local level and to the work of national organizations of community-based organizations at the national level. The five strategic directions supporting the CTG program are 1) tobacco-free living, 2) active living and healthy eating, 3) high impact clinical and other preventive services, specifically the control of high blood pressure and cholesterol, 4) mental and emotional well-being, and 5) healthy and safe physical and social environments. Applicants also have the opportunity to suggest innovative strategies should they choose.

To aid you in thinking about these strategic directions, I want to take a moment to review which strategies applicants should focus on. Within Part A, applicants will be focusing on the first three CTG Strategic Directions (tobacco-free living, active living and healthy eating, and high impact clinical and other preventive services, specifically the control of high blood pressure and cholesterol). To encourage innovation, Part B sub-recipients may implement strategies that align with any of the five (5) CTG Strategic Directions.

Let me now discuss and identify the CTG strategies and provide some specific examples of how the strategies might be operational at the local level.

Strategic direction 1 focuses on tobacco free living, with goals to prevent and reduce tobacco use and to protect people from exposure to tobacco smoke.

Example strategies include—

- Supporting comprehensive tobacco-free policies.
- Expanding use of tobacco cessation services.
- Using media to educate and encourage individuals to live tobacco-free.

An example of Policy for Strategic Direction 1 would be to—

Increase the understanding and effectiveness of comprehensive indoor smoke-free policies for workplaces, bars, restaurants and other settings including multi-unit housing, and outdoor smoke-free policies such as campuses and parks.

Strategic direction 2 addresses active living and healthy eating.

Its goal is to prevent and reduce obesity, increase physical activity; and improve nutrition in accordance with the dietary guidelines for Americans 2010.

Strategies under this direction would—

- Encourage community design and development that supports physical activity.
- Facilitate access to safe and affordable places for physical activity.
- Improve nutritional quality of the food supply.
- Support policies and programs that promote breastfeeding.

An Environmental change supporting Strategic Direction 2 might be to—

Increase the availability of and access to healthy and affordable food options such as fresh fruits and vegetables, by increasing consumer choice and eliminating "food deserts," particularly in urban, rural, and underserved communities experiencing health disparities.

Strategic Direction 3 promotes increased use of high impact quality clinical preventive services

Its goal is to increase control of high blood pressure and high cholesterol.

Here are some example strategies—

- Implement interventions to increase control of high blood pressure and high cholesterol.
- Support the National Quality Strategy's focus on improving cardiovascular health.
- Use payment and reimbursement mechanisms to facilitate the delivery of clinical preventive services.
- Reduce barriers to accessing clinical preventive services, especially among populations at greatest risk.

A Programmatic Change supporting strategic Direction 3 could—

Facilitate community participation in the National Diabetes Prevention Program by identifying sites to become recognized providers of the intervention and health plans that will pay for the intervention; provide coordinated technical assistance to large health systems to promote clinical and other preventive services and control of high blood pressure and high cholesterol.

Infrastructure Change supporting Strategic Direction 3 would—

Support the establishment of outreach systems, such as utilizing community health workers or automated patient reminder systems, which increase use of and access to clinical and other preventive services.

Strategic direction 4 promotes social and emotional wellness.

The goal of this strategic direction is to increase health and wellness, including social and emotional wellness.

Example Strategies are divided in to mental health and substance abuse with a focus on alcohol and misuse of prescription drugs:

Mental health examples may—

- Promote positive early childhood development, including positive parenting and

violence free homes.

- Facilitate social connectedness and community engagement across the lifespan.

Alcohol and Prescription Drug interventions may—

- Support state, local and Tribal Nation implementation and enforcement of alcohol control policies.
- Identify alcohol and other drug abuse disorders early, provide brief intervention, and refer to treatment.
- Reduce inappropriate access to and use of prescription drugs.

Strategic direction 5 addresses healthy and safe physical environments.

The goal of the healthy physical environments direction is to increase bicycling and walking: and improve the community environment to support health.

Examples may include—

- Adopting comprehensive policies to improve community design to enhance active transportation.
- Establishing community design standards.
- Reducing the density of retail alcohol outlets.

Appendix B contains links to best practice guidance documents for these strategic directions.

Once again, we are excited by this opportunity to work with you on this important initiative and we thank you for your interest. At this juncture, I want to turn the line over to Amy Holmes-Chavez with the CPPW program to describe some of the details of Part A.

4)	**Overview of CTG Network Activity Areas (10 minutes each –Amy Holmes-Chavez and Dr. Pattie Tucker)**

Thank you, Dr. Bunnell.

We're going to talk about the two activity areas of the CTG National Network FOA. They are—

Activity Area 1 or Part A: Using National Networks to Disseminate the CTG Strategies and Leveraging Existing Resources and

Activity Area 2 or Part B: Accelerating the Spread and Reach of CTG Strategies in Communities Nationwide.

Applicants can submit a single complete application if applying for both Activity Areas (Part A and Part B), but the applicant must include separate components for each Activity Area.

<u>Part A: Using National Networks to Disseminate the CTG Strategies and Leveraging Existing Resources</u>

Making national improvements in the CTG Strategic Directions will require actions and engagement of national and local decision makers from professions, organizations, and sectors that extend well beyond public health and include people and organizations that may not have health as their primary mission, but whose decisions have a profound impact on population health.

Local decision makers from across the country in all of these arenas belong to membership organizations or participate in forums and networks led by national organizations that are uniquely positioned to engage these professions, and to

disseminate as well as develop messages, tools, and models that are in the language and fit the practice of these professions, and that give local professionals and decision makers clear actions that they can take within their organizations and the sectors that they lead to influence health by improving the opportunities people have in their normal, everyday lives to make healthy choices.

Part A will fund national networks to disseminate CTG strategic direction interventions to their partners and affiliates, reaching key sectors that can make changes to prevent chronic disease, advance the CTG Strategic Directions, and promote health (e.g., education, city/county planning, transportation, civic and faith organizations, city and county officials, health care providers, non-profit organizations, etc.)

To provide a few examples—

- Daily quality physical education in schools greatly increases the opportunities that youth across our communities have to engage in physical activity in their daily lives. A national association of local school boards or other school officials could work with its members to develop solutions for increasing time spent in daily quality physical education in schools while balancing budget and time barriers that may prohibit implementation of these programs.
- National planning departments and transportation planners associations can educate their member affiliates regarding the effects that decisions about roads, sidewalks, bike lanes, zoning, mixed-use developments, public transportation, and other planning decisions can have on creating opportunities for adults and youth to be active as they go about their daily lives, or that limit these opportunities.
- A minority-serving organization can increase the awareness of its members regarding the affects of tobacco use and second-hand smoke on their health and their children's health. That organization can then work to educate decision

makers and business owners on the effect that comprehensive smoke-free air policies have on limiting the exposure of the public to second-hand smoke.

- Leaders of businesses, schools, and public sector and worksite organizations all make decisions about the food offered to people who work or study in those institutions each day—and those decisions expose people daily to either healthy food options, or unhealthy options. These decision makers can decide to provide increase healthy options to their employees.
- A national health care organization with access to local affiliates or organizations can adopt and promote screening and disease management practices that have a profound impact on population health outcomes in chronic disease.
- A national organization with community-based outreach working toward reducing health disparities within the lesbian, gay, bi-sexual, transgender and questioning population could identify model policies that would support health equality among their membership and their partner organizations.

The application of effective strategies nationally will help to create a national groundswell of adoption of proven strategies and interventions; over time, health-promoting changes will become common practice in the daily decisions of people and organizations like local planners, educators, and civic leaders that can so profoundly impact health.

Part A recipients can choose from amongst the three (3) priority CTG Strategic Directions of—

- Tobacco-free living.
- Active living and healthy eating.
- Increased use of high impact quality clinical preventive services, specifically the control of high blood pressure and cholesterol).

Part A recipients can choose to work in one of these areas, two of these areas, or in all three.

Applicants will submit specific objectives and reportable milestone activities to achieve these objectives as part of their application. A template for this information can be found in Appendix A of the Funding Opportunity Announcement. Applicants will also provide, for each milestone activity, an expected timeline from initiation to completion, specific activities related to health disparities, a measure for identifying that a milestone has been completed, an expected data source, and lead staff and key partners who will be engaged in accomplishing each objective and milestone.

I'll now turn the line over to Dr. Pattie Tucker to discuss the second activity area of this funding announcement known as Part B: Accelerating the Spread and Reach of CTG Strategies in Communities Nationwide.

Overview of Part B
(10 minutes –Dr. Pattie Tucker)

Thank you, Amy. Part B of this funding opportunity announcement gives national networks of community-based organizations an opportunity to spread effective CTG strategies to a growing numbers of local communities.

National organizations that are made up of networked local affiliates are uniquely positioned to extend the reach of CTG nationally. National networks contain significant existing local and national infrastructure that can be leveraged to implement health-promoting local changes through existing networks. Part B will utilize and leverage the existing infrastructure of national networks of community-based organizations to replicate and disseminate CTG strategies to additional communities. This extension of CTG provides an efficient vehicle to help meet substantial community demand for

participation in CTG and will extend the geographic reach of CTG, including to rural and frontier areas, areas with health disparities, and smaller communities that were not directly eligible to apply for CTG community funding.

For the purposes of Part B, communities can be defined according to local circumstances and may include towns, cities, regions, and rural or lower-density areas, neighborhoods, cities within counties, or targeted ethnic or other locally defined communities/ population sub-groups. The population sub-groups can be defined by factors such as race or ethnicity, gender identity, education or income, disability, geographic location, or sexual orientation, among others. These sub-groups may exist within more densely populated urban areas.

The work of each sub-recipient must be consistent with the identified programmatic efforts of the CTG program. Health disparity-focused efforts should be culturally tailored to fit the needs of population sub-groups who are facing health disparities. These efforts must also be based on an analysis of area health burden overall and across population sub-groups. Sub-recipients may choose to focus on population sub-groups experiencing health disparities (e.g., a neighborhood or small town) or can choose an innovative practice-based, or evidence-based community-wide approach with a focus on health equity, ensuring all members of the community benefit from the chosen strategies.

Since I am defining community, I will also take a moment to define rural and frontier. All counties that are not part of a Metropolitan Statistical Area are considered “rural”. The Office of Management and Budget (OMB) designates all U.S. counties as metropolitan, micropolitan, or neither. Counties designated as either “micropolitian” or “neither” is considered rural for the purposes of this FOA. The term “frontier” is defined in the Affordable Care Act as it relates to “frontier county” and “frontier state.” A “frontier county” is one with a population per square mile less than six. A “frontier state” is one in which at least 50% of the counties in the state are frontier

counties.

This funding opportunity announcement will build on the experience and work of communities that have used community engagement and environmental change to sharply reduce disparities among U.S. populations that are disproportionately affected by health inequities. Applicants can use proven strategies and may also use innovative approaches to reduce health disparities. Achieving health equity is a central goal of this FOA and of the overall CTG initiative.

Part B Recipients will select, fund, train, and provide technical assistance to an additional 5–10 local affiliates or local organizations (referred to as 'sub-recipients' in the FOA) to implement CTG strategies within their local communities in each of the first three years of the cooperative agreement. This will involve establishing a local Community Leadership Team that will complete a community assessment and set local health priorities, then act on these priorities. Recipients may also provide additional funding to previously funded affiliates or organizations, subject to the availability of funding, satisfactory progress in achieving stated goals, and demonstrated need for additional funding.

A qualified sub-recipient is a local affiliate (of the national network of community-based organizations) or other organizations that may further the program objectives each year. Additional information that may be used for selection criteria is included within the Part B Activity Area of the funding announcement.

Selected sub-recipients will be required to attend a CDC sponsored Action Institute which is a facilitated training in which sub-recipients and their identified Community Leadership Team learn about effective implementation of policy, environmental, programmatic, and infrastructure changes; examine local assessment information and assessment procedures; receive targeted technical assistance and consultation

regarding CTG strategies and their applicability in their local community; and formulate a local Community Transformation Plan to implement their identified priorities.

To encourage innovation, unlike Part A, Part B sub-recipients may implement strategies that align with any of the five (5) CTG Strategic Directions including 1) Tobacco-Free Living; 2) Active Living and Healthy Eating, 3) High impact Quality Clinical and other Preventive Services, specifically prevention and control of high blood pressure and cholesterol, 4) Social and Emotional Wellness, and 5) Healthy and Safe Physical Environments.

Overall, all activities and strategies selected by applicants should be associated with specific measures to achieve health equity, eliminate health disparities, and improve the health of the population and population subgroups. Successful applicants will utilize the CDC-developed performance monitoring plan to capture key indicators on which activities were successfully implemented, why, and other lessons learned.

Appendix A is the suggested action plan template. CDC encourages all applicants to use this template for planning purposes. We also encourage all selected sub-recipients to utilize this template as well. The action plan will assist CDC in incorporating the objectives, milestones and timelines across both CTG programs in an effort to better evaluate community-wide change.

Now I will turn the call back over to Vivian Walker to discuss the submission information for Letters of Intent and Applications for this announcement.

4) Letter of Intent and Application Requirements
(5 minutes—Vivian Walker)

Thank you, Dr. Tucker. At this point, I will begin discussing the submission process for Letters of Intent and for your organization's application.

Applicants are required to submit a Letter of Intent to be eligible to apply for this program. The Letter of Intent must be received (not postmarked) no later than June 30, 2011, 5:00 p.m. EDT. Electronic submissions (e-mail or fax) ARE NOT acceptable. Failure to submit an LOI will result in non-responsiveness and the applicant will be prohibited from applying.

The Letter of Intent is required for the purposes of planning the competitive review process, not to assess eligibility. The information contained within the Letter of Intent does not dictate the content of the application and will not have any bearing on the scoring of the application.

The Letter of Intent should include—

- Descriptive title of proposed project.
- Name, address, and telephone number of principal investigator/project director.
- Names of other key personnel.
- Participating institutions.
- Number and title of this funding opportunity.
- Whether the applicant intends to apply for Part A, Part B or both Part A and Part B.

Format:

The LOI should be no more than two pages (8.5 x 11), double-spaced, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font.

Applicants will be notified by e-mail upon receipt of the LOI by CDC. CDC is currently experiencing high volume of LOIs and it may take several days to receive your notification of receipt.

Applications must be submitted electronically at www.Grants.gov by July 22, 2011, at 5:00 p.m. eastern time using Funding Opportunity Announcement CDC-RFADP11-1115PPHF11. This system services 26 Federal agencies. All 26 federal grant making agencies using the system will be receiving applications in the next few months. It is critical to the successful submission of your application that your organization is prepared to enter your application into the system. Please pay close attention to the following information:

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant Web site, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR). The CCR registration can require an additional one to two days to complete. You are required to maintain a current registration in CCR. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application

package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, applicants will receive a "submission receipt" e-mail generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" e-mail within two business days of application submission, please contact Grants.gov. Refer to the e-mail message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0.

Again, please pay careful attention to the application submission requirements detailed in the FOA beginning on page 26; other submission requirements beginning on page 38 and required registrations beginning on page 22.

The Anticipated Award Date for both activity area awards is September 22, 2011. The

Budget Period Length is 12 months and the Project Period Length is 5 years.

Applications are being accepted via Grants.gov and are due by 5:00 pm eastern time on July 22, 2011.

I will now turn the call over to Amy Holmes-Chavez to lead the question and answer session

5) Questions and Answers
(15 minutes—Dr. Bauer, Amy Holmes-Chavez and others)

Thank you, Vivian.
First, I will take a moment to read some commonly asked questions along with the answers.

Who are multi-sectoral community leaders?

A: Multi-sectoral community leaders may include a broad range of professionals and community members, representing different governmental, occupational/interest groups or economic sections of society working together to achieve a common goal. A multi-sectoral coalition should represent the disciplines, agencies, organizations, and populations with an interest or stake in the proposed policy, environmental, programmatic, and infrastructure changes.

Are the choices of CTG Strategic Direction areas of focus the same for Part A and Part B?

A: No.

Part A applicants can choose from amongst three of the CTG Strategic Direction areas listed below. Applicants may choose to work in one of these areas, and may work in more than one.

- Tobacco-free living.

- Active living and healthful eating.
- High impact quality clinical preventive services, specifically prevention and control of high blood pressure and cholesterol.

Part B recipients may choose to focus on any of the five CTG Strategic Direction areas listed below. Applicants may choose to work in any one of these areas, and may work in more than one.

- Tobacco-free living.
- Active living and healthful eating.
- High impact quality clinical preventive services.
- Social and emotional wellness.
- Healthy and safe physical environment.

What are the differences in the Recipient Activities between Part A and Part B?

A: Part A recipients will leverage existing national networks to disseminate CTG strategies to their partners and affiliates, reaching key sectors that can make community-level changes to prevent chronic disease; advance the CTG Strategic Directions; and promote health (e.g., education, city/county planning, transportation, civic and faith organizations, city and county officials, healthcare providers, nonprofit organizations, etc.)

Part B recipients will use at least 50% of the award to select and fund 5–10 sub-recipients in each of the first 3 years of the cooperative agreement to initiate change and implement CTG strategies at the local level. Sub-recipients may be local affiliates or local governmental or non-governmental agencies or organizations. Part B recipients will also leverage the resources of their organization's national network and its partners and will work closely with their sub-recipients to perform the following activities including—

- The creation of a leadership team.

- Identification and implementation of 1–3 targeted policy, environmental, programmatic, and infrastructure strategies.
- Participation of local affiliates and local leadership teams in a structured Action Institute.
- The provision of technical assistance and guidance throughout the sub-award period.

In Part B, the funding announcement states that each recipient of Part B funding will award at least 50% of their total award amount to sub-recipients annually. What is the other 50% allocated for?

A: The 50% figure is the minimum, and Part B recipients can decide to award more than 50% of their funding to sub-recipients. In addition to funding and supporting awarded sub-recipients, Part B awardees will—

- Provide guidance to the sub-recipients with the goal of initiating or enhancing work towards the policy, environmental, programmatic and infrastructure change goals of the CTG initiative.
- Provide oversight of sub-awards.
- Ensure attendance of local leadership teams at a structured Action Institute.
- Provide performance monitoring functions and work with sub-recipients to ensure reporting of performance information and accomplishments of sub-recipients.

Now I will ask the operator to open up the lines to allow us to answer any questions that you may have.

6) Closing & Resources
(5 minutes— Dr. Bauer)

I want to thank all of you for your time on the call today, and your interest in the Community Transformation Grants. This is an exciting and extraordinary time for chronic

disease prevention. Our entire team at CDC looks forward to the submission of your Letters of Intent on June 30th and your applications on July 22, and more importantly working with many of you to implement this critically important program. We would like to take a few moments to make you aware of several available resources including a Web site, with frequently asked questions and a "Contact Us" section where you can submit questions to CDC.

We have established this Web site for this initiative; it can be found at www.cdc.gov/communitytransformation/network. We will post a list of frequently asked questions and answers and will add to this list as we receive additional questions.

Once you review the Web site, if you have questions that are not answered in the FAQs, please go to www.cdc.gov/communitytransformation/network/contactus section. You will find a place where you can enter and send your question to CDC.

Responses to questions will be posted on the Community Transformation Grants Web site in the FAQ section. This Web site address is www.cdc.gov/communitytransformation/network/faq.

This concludes our call today. Thank you and have a good rest of the day.